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CONFIRMATION NO. 2190

Bib Data Sheet

SERIAL NUMBER 10/602,897	FILING OR 371(c) DATE 06/24/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. M-1111-CIP (1502-96 PCT C
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of PCT/US03/09687 03/28/2003

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 11/05/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	<i>Kurt Haggstrom TJS</i> Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MA	14	19	3

ADDRESS

55825

TITLE

Catheter with occlusion resistant tip

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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